

RESOLUTION NO. _____

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL
OF THE CITY OF NORTH MIAMI, FLORIDA,
AUTHORIZING THE ISSUANCE OF A CARNIVAL
PERMIT ALLOWING FOR THE OPERATION OF MORE
THAN THREE (3) AMUSEMENT RIDES TO ST. JAMES
CATHOLIC CHURCH; PROVIDING FOR AN EFFECTIVE
DATE AND FOR ALL OTHER PURPOSES.**

WHEREAS, St. James Catholic Church has submitted an application for a carnival permit, attached as Exhibit "A," for a festival consisting of rides, food booths, games, and arts and crafts to be held from February 12 thru February 15, 2015; and

WHEREAS, the application includes a plan of operation detailing the number and types of rides and games to be provided as required by section 11-60 of the Code of Ordinances of the City of North Miami; and

WHEREAS, additionally, an illustrated plot plan demonstrating the layout of the amusement rides is included in the application for carnival permit; and

WHEREAS, St. James Catholic Church will collaborate with the North Miami Police Department to coordinate a plan for the evacuation of all persons from the amusement location area in the event of accident as well as for the cleaning and restoration of the area at the conclusion of the festival; and

WHEREAS, the Mayor and City Council wish to authorize the issuance of a carnival permit allowing for the operation of more than three (3) amusement rides to St. James Catholic Church.

NOW THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:

Section 1. Approval and Issuance of Carnival Permit. The Mayor and City Council of the City of North Miami, Florida, hereby, approve and issue a Carnival Permit allowing for the operation of more than three (3) amusement rides to St. James Catholic Church.

Section 2. Effective Date. This Resolution shall become effective immediately upon adoption.

PASSED AND ADOPTED by a _____ vote of the Mayor and City Council of the City of North Miami, Florida, this _____ day of February, 2015.

DR. SMITH JOSEPH
MAYOR

ATTEST:

MICHAEL A. ETIENNE, ESQ.
CITY CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

REGINE M. MONESTIME
CITY ATTORNEY

SPONSORED BY: CITY ADMINISTRATION

Moved by: _____

Seconded by: _____

Vote:

Mayor Smith Joseph, DO
Vice Mayor Carol Keys, Esq.
Councilperson Scott Galvin
Councilperson Philippe Bien-Aime
Councilperson Marie Erlande Steril

_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)
_____	(Yes)	_____	(No)



St. James Catholic Church

540 N.W. 132ND STREET • MIAMI, FLORIDA 33168
TEL. (305) 681-7428 • FAX (305) 685-0631



January 6, 2015

Mr Aleem A. Ghany, PE
City Manager
776 NE 125TH Street
North Miami, FL 33161

Dear Mr Ghany,

The Annual festival for St James Catholic Church is scheduled for February 12, 13, 14, 15, 2015. We are therefore requesting to be on the agenda to appear before the City Council at the next available date.

We will hold the festival on Church grounds and will consist of rides; provided by Modern Midways, food booths, games and Arts and Crafts. The entire proceeds will be used for Church and School projects.

Thanking you in advance for your permission to appear before City Council.

Sincerely Yours,

Rev. Msgr Jean Pierre
Pastor

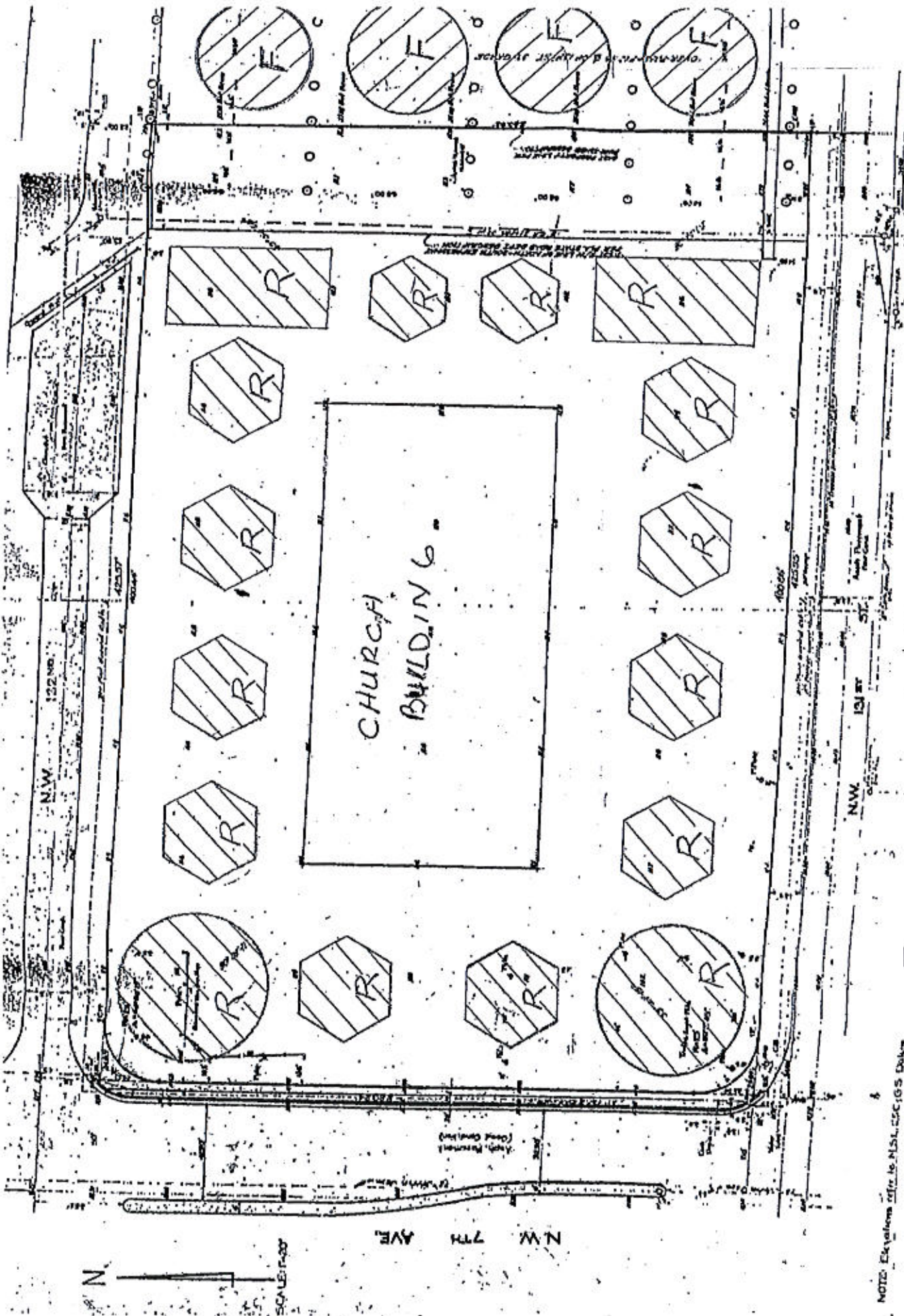
CITY OF NORTH MIAMI
APPLICATION FOR CARNIVAL PERMIT
776 N.E. 125 STREET

1. Date: JANUARY 6, 2015
2. Organization Name: ST JAMES CATHOLIC CHURCH
3. Organization Address: 540 NW 132ND STREET - N. MIAMI FL 33168
4. Organization Phone No. 305 681 7428
5. Name and Address of Applicant or Officers :
- | NAME | TITLE | ADDRESS CITY/ZIP | PHONE NO. |
|------------------|---------------|-------------------|--------------|
| MSGR JEAN PIERRE | PASTOR | 540 NW 132 STREET | 786 412 9594 |
| REV. IVAN TOLEDO | ASSOC. PASTOR | 540 NW 132 STREET | 305 681 7428 |
6. Name and Address of Person or Persons who will manage, control or direct the carnival to be transacted in the City of North Miami:
- BRIAN L. MORRISSEY - MODERN MIDWAYS - 10400 SW 15 ST - MIAMI FL 33196
- REV. MSGR. JEAN PIERRE - 540 NW 132 ST - N. MIAMI FL 33168
7. Scope of Carnival: THE CARNIVAL IS HELD TO RAISE FUNDS FOR THE SCHOOL FACILITY AND OTHER CHURCH PURPOSES. IT ALSO SERVES AS AN ANNUAL GATHERING FOR PARISH MEMBERS AND THE PEOPLE WITHIN THE COMMUNITY AREA.
8. Dates of Carnival: FEB 12-13-14-15, 2015
9. Hours of Carnival: THURS: 6-10 PM, FRIDAY: 6-11 PM, SAT: 3-11 PM, SUNDAY: 3-10 PM
9. Letter of Request: YES
10. Site Plan: YES
11. Insurance Obtained: YES

ST JAMES CATHOLIC CHURCH

BUSINESS NAME

Jeany
APPLICANT OR AUTHORIZED AGENT



SURVEY

OF A PORTION OF TRACT A OF THE AMENDED PLAT
OF PORTIONS OF NILEARN AND AVONDALE ACCORDING TO
PLAT BOOK 49 PAGE 19 OF THE PUBLIC RECORDS OF Dade Co
FLORIDA
Citation 4200

I hereby certify that the attached map
represents a true and correct survey

13155 N. W. 7th Ave
Cub 12, 2000

NOTE: Elevations refer to N.A.S. C.S.C. G.S. Data



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
777 108th Ave NE, #200
Bellevue WA 98004

CONTACT NAME: Joanne Manion
PHONE (A/C No. Ext): 425-454-3386
FAX (A/C No.): 425-451-3716
E-MAIL ADDRESS:

INSURED
Briggs Transport, Inc.
Modern Midways, Inc.
22901 Sherman Road
Steger IL 60475

BRIGTRA-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: T.H.E. Insurance Company	12866
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 85719936

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC		CPP010090204	4/3/2014	4/3/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP010090204	4/3/2014	4/3/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		ELP001021005	4/3/2014	4/3/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC144870	10/29/2014	10/29/2015	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

the Archdiocese of Miami; the Most Reverend Thomas Wenski; St. James Catholic Church & School; the City of North Miami are included as additional insureds as respects general liability but only as respects the operation of the named insured per policy terms and conditions - policy form CG133C 07/95.

CERTIFICATE HOLDER

City of North Miami
12340 NE 8th Avenue
North Miami FL 33161

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE